The Adjutant General Directorate

"People Always … Mission First"

TSGLI Soldier & Patient Advocate Training

The Adjutant General Directorate

Agenda

- Welcome/Administrative Reminders
- Program Overview
- New Scheduled Losses
- New TSGLI Claim Form
- Communicating The Changes
- Open Discussion

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Welcome

- Soldier and Patient Advocates are an invaluable resource for information when a Soldier is injured
- Many times it is not the Soldier, but the family member trying to navigate the benefit process
- Your increased understanding of TSGLI will give you an additional offering for your constituency and in the end, our Soldiers

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What is TSGLI?

- Insurance benefit attached to Servicemembers' Group Life Insurance (SGLI) coverage costing $1 monthly, for Soldiers who suffer a qualifying loss due to a traumatic injury
- Provides tax-free payment(s) between $25,000 and $100,000 per traumatic event
- Available to Soldiers from all components—Active, Reserve, or National Guard and members of all branches of Service

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TSGLI Eligibility

Two Different Time Periods

RETROACTIVE Related to combat support	PROSPECTIVE Anytime and Anywhere
7 October 2001 – 30 November 2005	**1 December 2005 – forward**
✓ **Qualifying traumatic injury <u>must</u> occur while:** • **On orders in support of OIF/OEF and stationed OCONUS** **OR** • **Serving in a CZTE geographic area** ✓ **Soldier does not have to be currently serving in Army** ✓ **SGLI coverage not necessary**	✓ **Qualifying traumatic injury can occur under any circumstances —doesn't have to be combat-related** ✓ **Traumatic injury does NOT have to occur while on orders** ✓ **Soldier <u>must</u> have SGLI coverage**

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TSGLI HELPING HEROES IN TIMES OF NEED

Qualifying Traumatic Injuries

Definition: SMs who sustain one or more ***qualifying physical losses*** caused by ***external force or violence***

Qualifying injuries (losses)	**As a result of (event examples)**
Amputation	**Improvised Explosive Device**
Limb Salvage	**Civilian Car Accident**
Loss of Sight, Speech or Hearing	**Training Accident**
Paralysis	**Vehicle Borne Improvised Explosive Device**
Burns	**Motorcycle Accident**
Facial Reconstruction	**Small Arms**
Traumatic Brain Injury (TBI)	**Rocket Propelled Grenade**
Other Traumatic Injuries (OTI) – see ADLs	**Civilian Aircraft Accident**
Activities of Daily Living (ADLs): *REQUIRES ASSISTANCE TO PERFORM* at least two of six ADLs for specified periods of time.	

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Year In Review Changes

- Publication of the new Procedures Guide was complete on November 26, 2008 in the Federal Registrar

- Retroactive back to October 1, 2001 if the injury occurred OCONUS in support of OEF/OIF or if the Soldier was in a CZTE

- Retroactive back to December 1, 2005 for any qualifying losses as long as the Soldier has SGLI coverage

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New and Enhanced Scheduled Losses

- **Loss of Sight**

  Loss of Sight lasting 120 days or more is considered as "permanent", qualifying the service member for the same payment rate as for permanent loss of sight ($100,000 for both eyes, $50,000 for one eye)

- **Uniplegia**

  Uniplegia (complete and total paralysis of one limb) is now eligible. The benefit amount will be $50,000

New and Enhanced Scheduled Losses

- **Amputation of the Hand**

  The definition of amputation of the hand has been expanded to include loss of four fingers (on the same hand at or above the metacarpophalengeal joint) or loss of thumb at or above the metacarpophalengeal joint, with payment remaining at $50,000 for one affected hand and $100,000 for both hands

New and Enhanced Scheduled Losses

- **Amputation of the Foot**

  The definition of amputation of the foot has been expanded to include loss of all toes, with the payment remaining at $50,000 for one affected foot and $100,000 for both feet

- **Loss of Four Toes**

  A new category has been created for the loss of four toes (on the same foot) with payment at $25,000 for one affected foot and $50,000 for both feet

- **Loss of Big Toe**

  A new category has been created for the loss of the big toe, with payment at $25,000 for one affected foot and $50,000 for both feet

New and Enhanced Scheduled Losses

- **Limb Salvage**

  Coverage has been expanded to include limb salvage (multiple surgeries intended to save a limb rather than amputate) with payment equivalent to amputation

- **Burns**

  The burn standard, previously 3rd degree (full thickness) burns to at least 30% of face or body, has been expanded to include 2nd degree (partial thickness) burns to at least 20% of face or body

New and Enhanced Scheduled Losses

- **Facial Reconstruction**

  Coverage for facial reconstruction (for traumatic avulsion of the face or jaw that causes discontinuity defects) has been added to the schedule of losses, to include certain losses associated with facial reconstruction surgery with a graduated scale of payments starting at $25,000, with a maximum payment of $75,000

Redefined ADL Requirements

"The patient is UNABLE to perform an ADL independently if he or she REQUIRES:

- Physical assistance (hands-on), or
- Stand-by assistance (within arm's reach), or
- Verbal assistance (must be instructed)

without which the member would be INCAPABLE of performing the task."

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TSGLI HELPING HEROES IN TIMES OF NEED

ADL Sample Response

What is the predominant reason the patient is/was unable to independently perform ADL?
Check the predominant reason the patient cannot independently perform ADL and describe the injury in the box provided.

What is the predominant reason the patient is/was unable to independently perform ADL?

☐ Traumatic Brain Injury
☑ Other Traumatic Injury

(Please describe injury and give reason(s) it resulted in inability to perform activities of daily living.)

Car accident resulting in abdominal injuries, shattered right leg & right arm making movement extremely difficult & necessitated catheter use.

Which ADL is the patient unable to perform?
Check each ADL the patient cannot perform;
AND;
Fill in the dates inability began and ended or indicate inability is ongoing

☑ ***Unable* to bathe independently**

start date 02/11/2008 end date 05/13/2008

OR ☐ Check here if inability is ongoing

Type of assistance required (check all that apply)

☑ physical assistance (hands-on)
☐ stand-by assistance (within arm's reach)
☐ verbal assistance (must be instructed because of cognitive impairment)

Patient is UNABLE to bathe independently if...

*he/she **requires** assistance from another person to bathe more than one part of the body or get in or out of the tub or shower.*

Describe assistance needed

Patient had to be totally bathed due to fixations on right arm and leg.

A licensed medical professional must indicate a Soldier's inability to perform an ADL and the duration of time they cannot perform that ADL by checking appropriate boxes and dates, as shown on this example

Note - Medical Professional's signature must not be earlier than the end date of ADL

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15 Day Hospitalization Proxy

- The hospitalization proxy concedes that a 15-day continuous hospitalization period from the time of injury will replace the first payment milestone for ADL Loss
- Timeframes for subsequent TBI or OTI payments are not effected
- A hospital is defined as:
  - inpatient facility(s)
  - accredited by Joint Commission on Accreditation of Health Care Organizations
  - Combat Support Hospitals, Air Force Theater Hospitals, Navy Hospital Ships

A hospital does not include buildings that are: (1) are used mainly as places of convalescence, rest, nursing care or for the aged; or (2) furnish mainly homelike or

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15-Day Hospitalization Proxy

Hospitalization proxy replaces 1st milestone only

	Coma/TBI	Other Traumatic Injury	Payment
ADL milestone 1	**15th day**	**30th day**	**$25K**
ADL milestone 2	30th day	60th day	$25K
ADL milestone 3	60th day	90th day	$25K
ADL milestone 4	90th day	120th day	$25K

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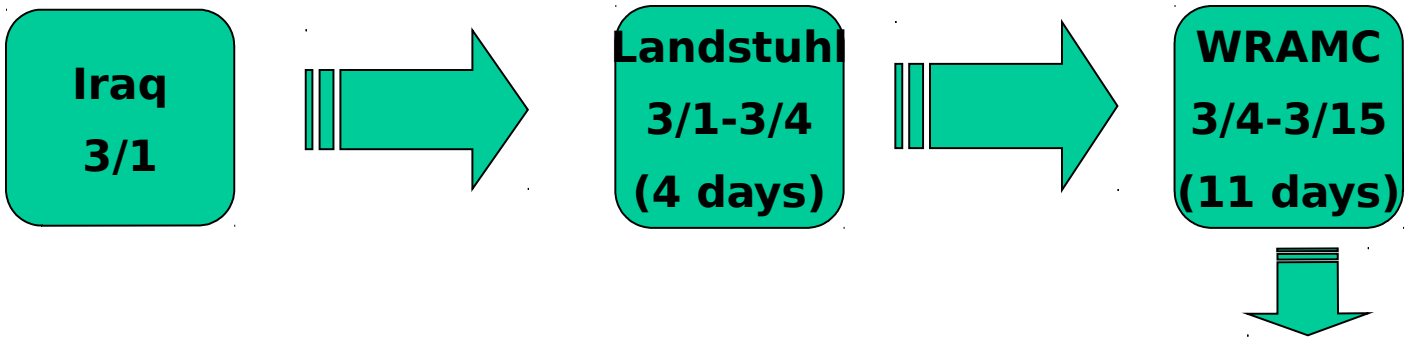
15-Day Hospitalization



15 consecutive hospitalization days = $25K TSGLI benefit

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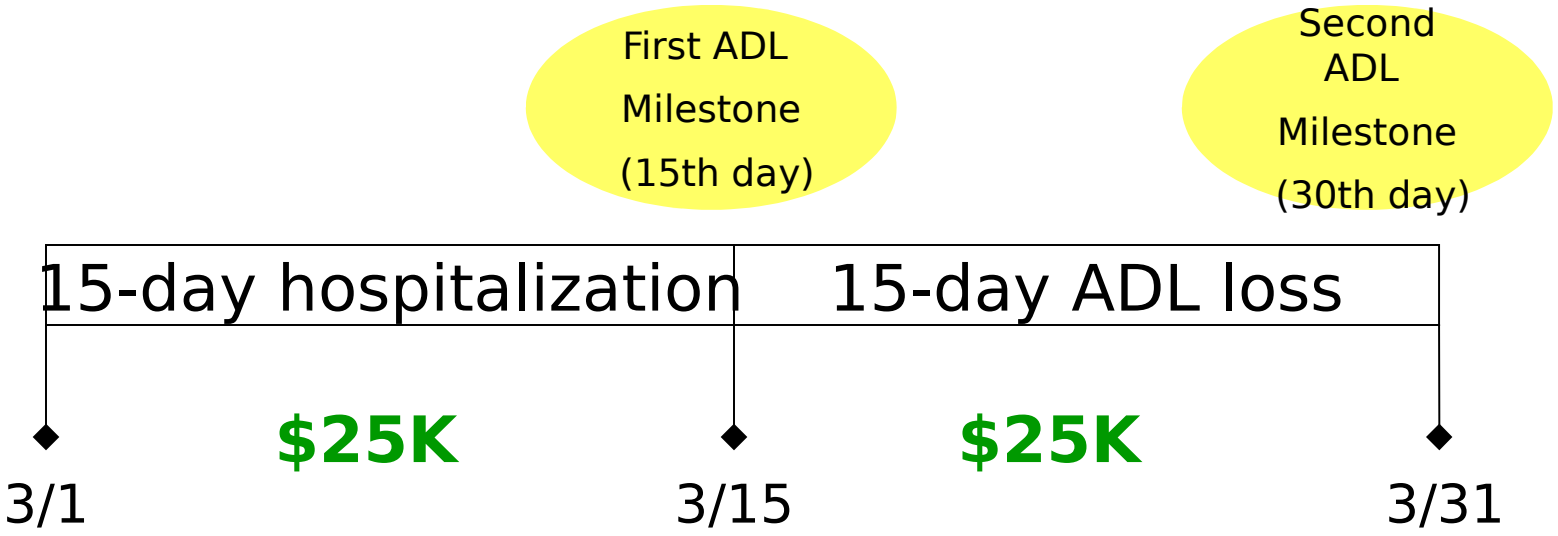
TSGLI HELPING HEROES IN TIMES OF NEED

Example 1
TBI/Coma w/ 15-day Hosp & 15 days ADL loss



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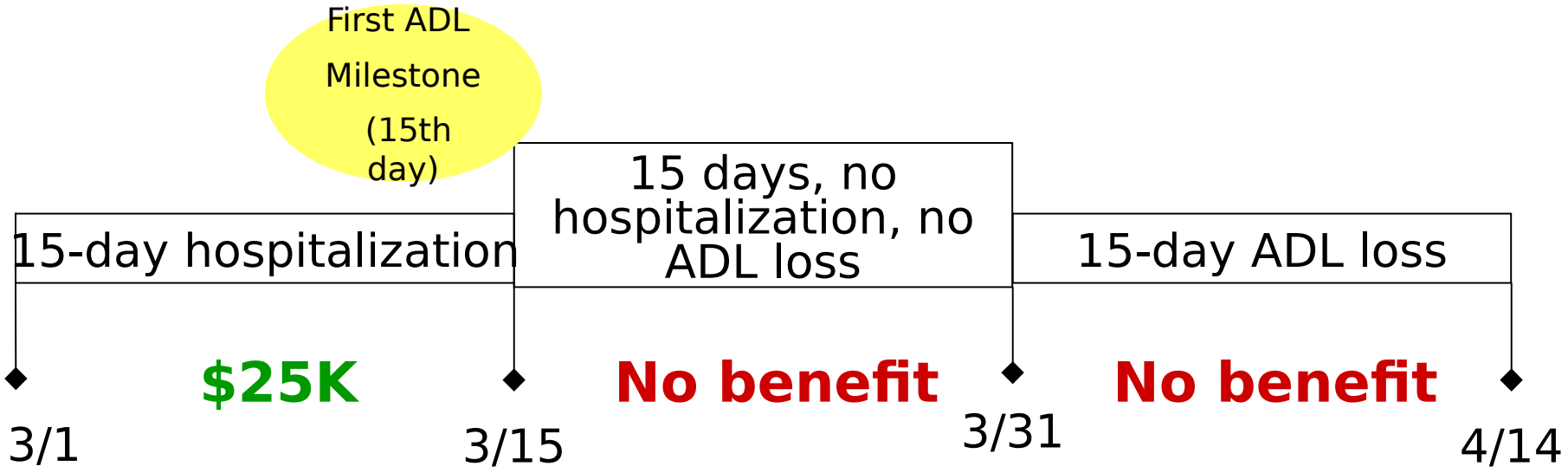
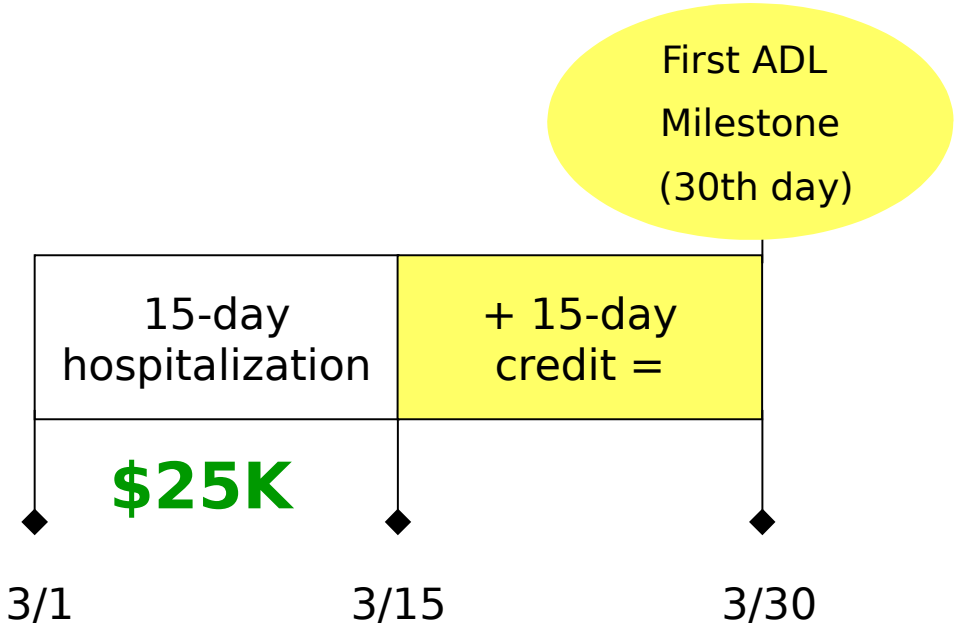
Example 2
TBI/Comma w/ 15-day Hosp & 15 days ADL loss w/ break in between



Example 3
OTI w/15-day Hosp & 30 days ADL loss

For OTI, 15 day hospitalization replaces the first 30 day ADL milestone payment. This means the member receives a 15 day credit toward the completion of the milestone period.



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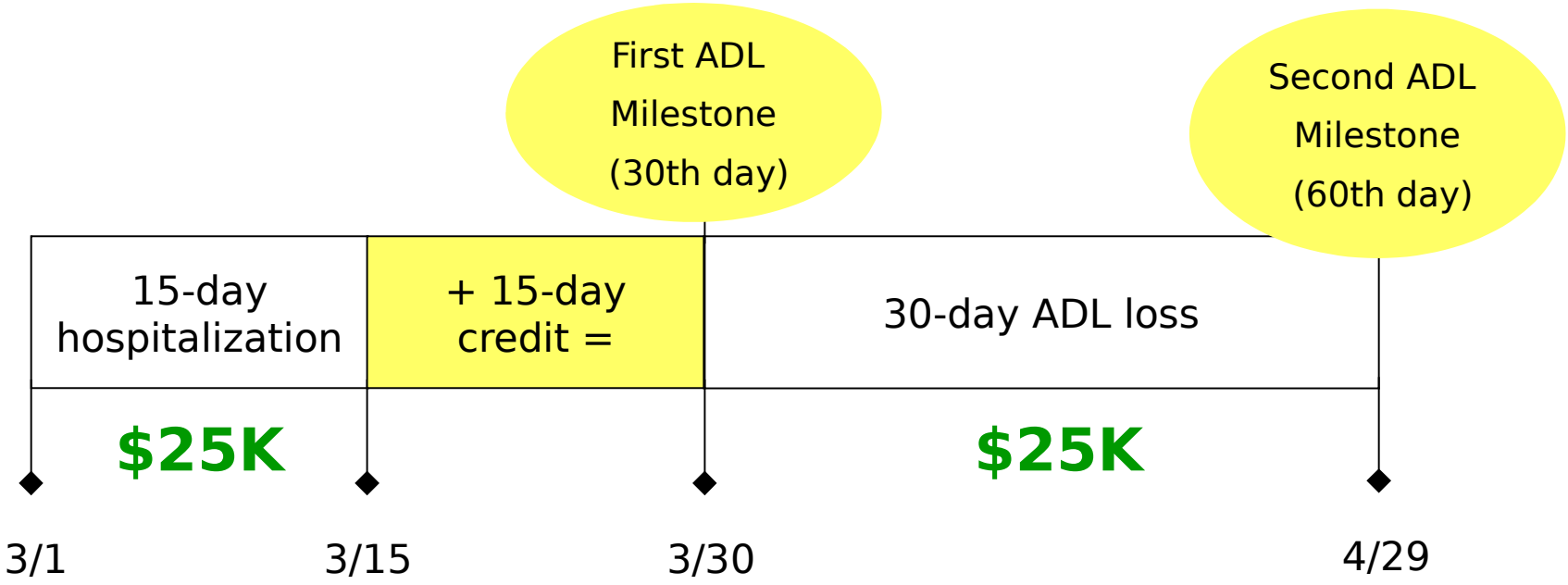
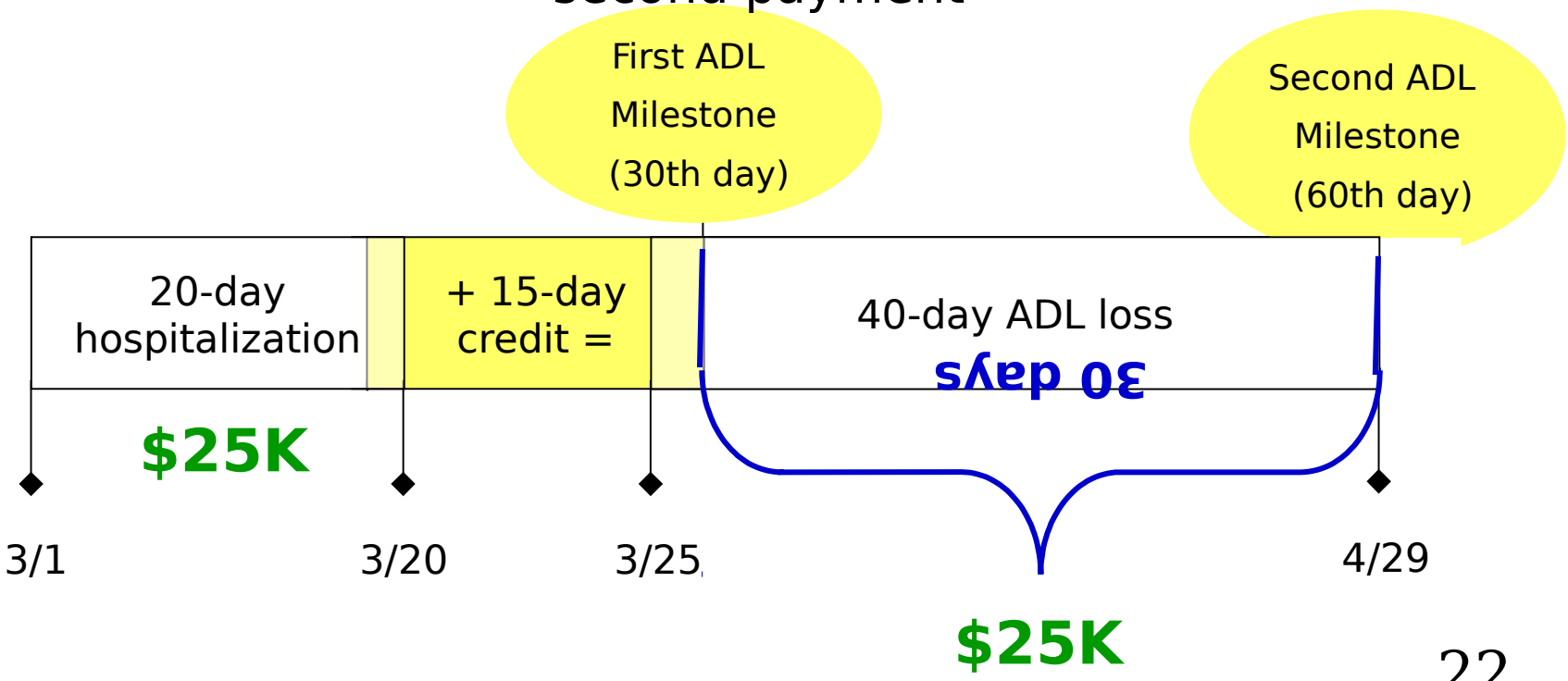
Example 4
OTI w/ 15-day Hosp & 60 total days ADL loss

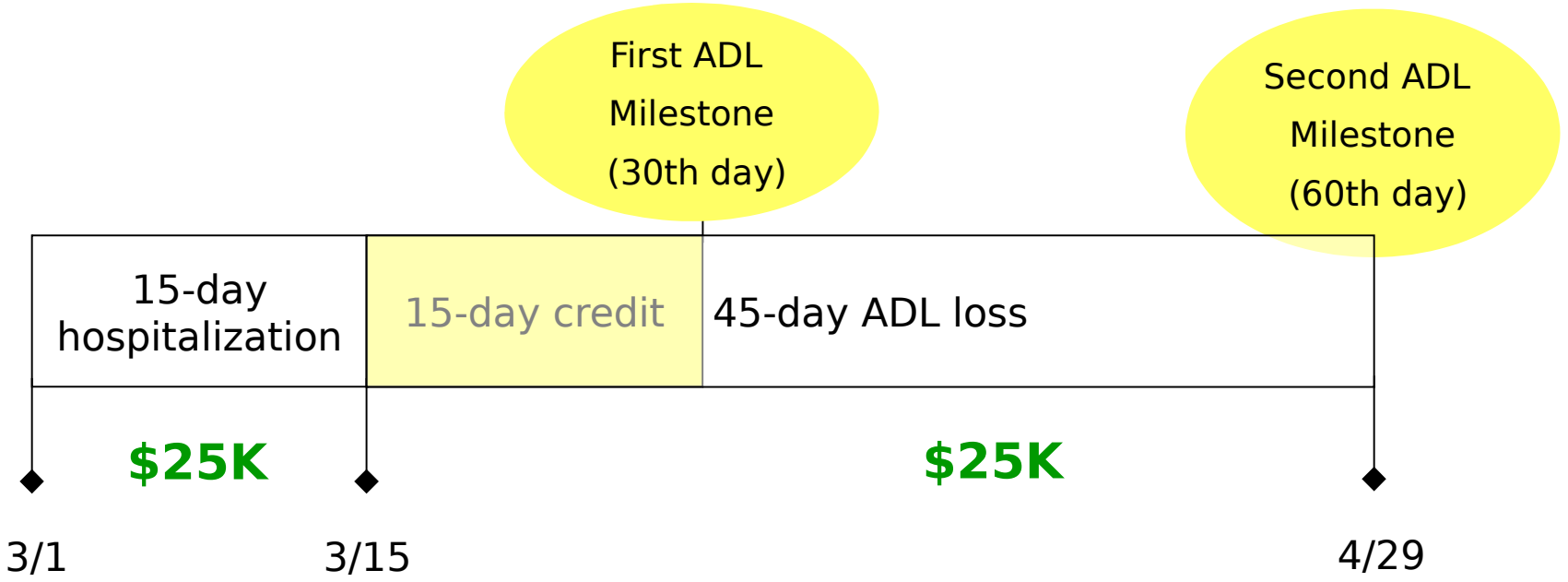


Example 5
OTI w/ 20-day Hosp & 60 days ADL loss

- Member must still have an additional 30 days continuous ADL loss from the end of the first milestone to receive the second payment



Example 6
OTI w/ 15-day Hosp & 60 total days ADL loss



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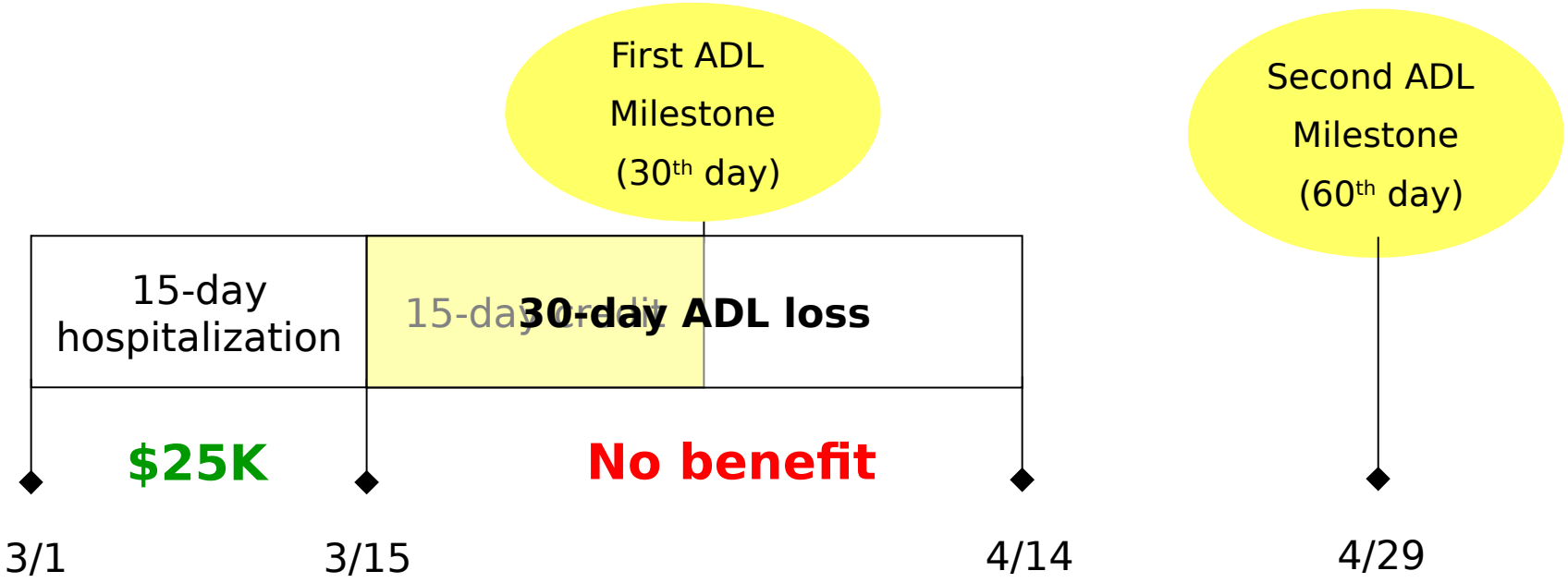
Example 7
OTI w/ 15-day Hosp & 45 days concurrent ADL loss



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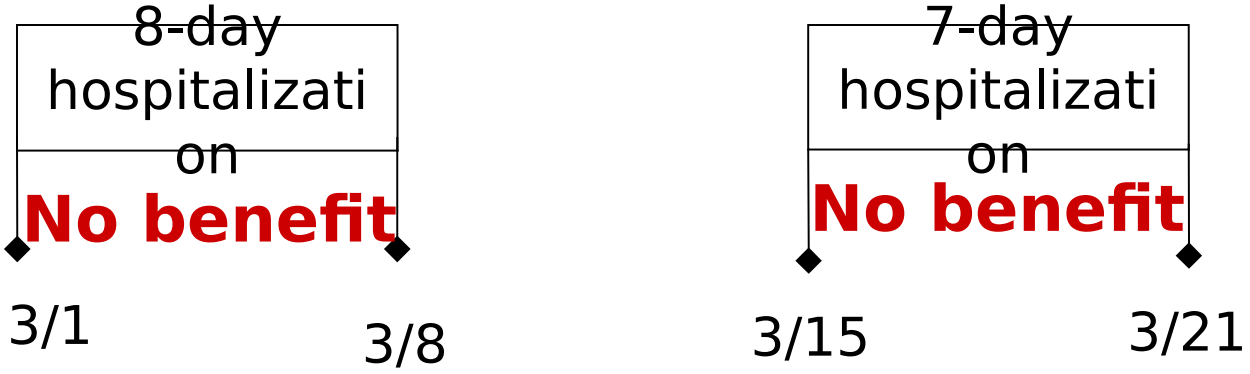
15-Day Hospitalization w/ break



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New Claim Form

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Claim Form – General Information

GENERAL INFORMATION

Traumatic Injury Protection Under Servicemembers' Group Life Insurance (TSGLI) is a rider to Servicemember's Group Life Insurance (SGLI). The TSGLI rider provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. TSGLI payments range from $25,000 to $100,000 based on the qualifying loss suffered.

Eligibility

Who is Eligible?

Effective December 1, 2005, all service members who are insured under SGLI and...

- experience a ***traumatic event***
- that results in a ***traumatic injury***
- which is listed as a ***qualifying loss***

are eligible to receive a TSGLI payment. Service members who were severely injured between October 7, 2001 and November 30, 2005 in the theaters of operation for Operation Enduring Freedom or Operation Iraqi Freedom may also be eligible for TSGLI payment. Members should contact their branch of service for more information.

What is a Traumatic Event?

A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to your body.

What is a Traumatic Injury?

A traumatic injury is the physical damage to your body that results from a traumatic event.

What is a Qualifying Loss?

A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses, which lists all covered losses and payment amounts. You may view the complete Schedule of Losses at **www.insurance.va.gov/sgliSite/TSGLI/ScheduleOfLosses.htm**. Your branch of service TSGLI office will determine whether your injury is a qualifying loss for TSGLI purposes.

Eligibility Requirements

Highlighted and defined the three basic requirements for TSGLI

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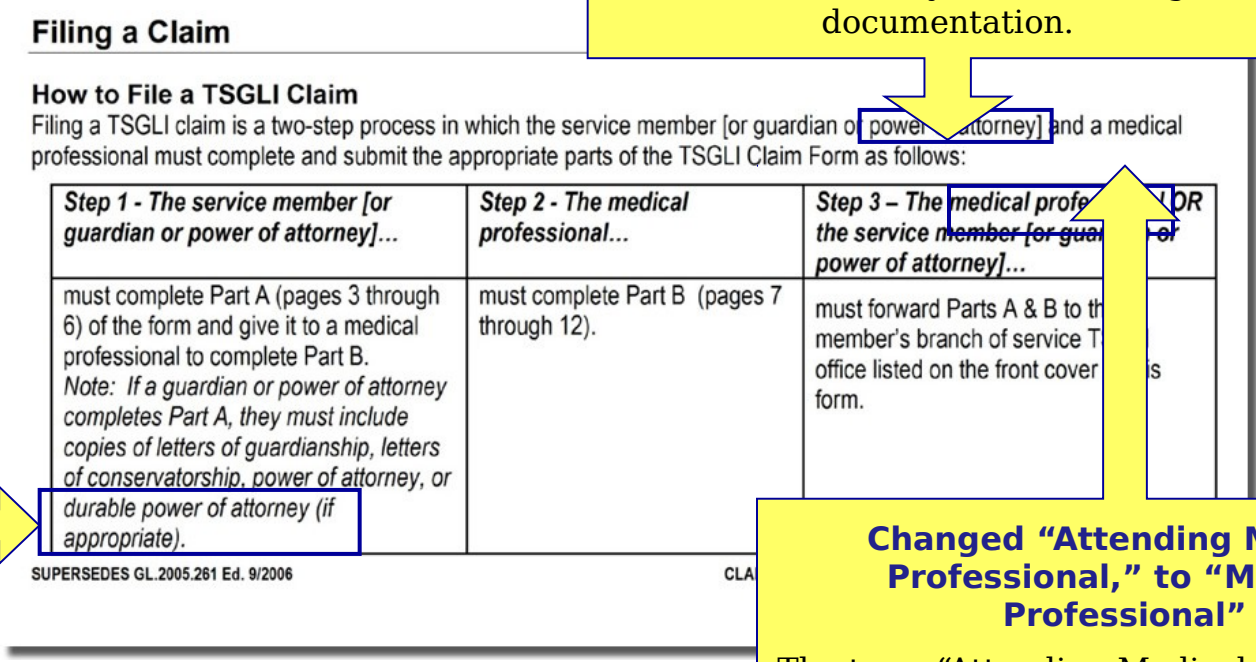
Claim Form – General Information

Changed "Attorney-in-Fact," to "Power of Attorney"

Simplified definition, so as not to confuse with an attorney, but rather legal documentation.



Filing a Claim

How to File a TSGLI Claim

Filing a TSGLI claim is a two-step process in which the service member [or guardian or power of attorney] and a medical professional must complete and submit the appropriate parts of the TSGLI Claim Form as follows:

Step 1 - The service member [or guardian or power of attorney]...	*Step 2 - The medical professional...*	*Step 3 – The medical profe... OR the service member [or gua... or power of attorney]...*
must complete Part A (pages 3 through 6) of the form and give it to a medical professional to complete Part B. *Note: If a guardian or power of attorney completes Part A, they must include copies of letters of guardianship, letters of conservatorship, power of attorney, or durable power of attorney (if appropriate).*	must complete Part B (pages 7 through 12).	must forward Parts A & B to th... member's branch of service T... office listed on the front cover ...is form.

SUPERSEDES GL.2005.261 Ed. 9/2006 CLA...

Added "durable power of attorney"

BOS feedback indicated that sometimes a durable POA is needed to process the claim

Changed "Attending Medical Professional," to "Medical Professional"

The term "Attending Medical Professional" was confusing – is it the current doctor, initial doctor, case manager, etc. Medical Professional is the current doctor that is treating the SM, not the case worker.

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Claim Form – General Information

Added "Who Makes the Decision"

Completing the Form

Instructions on completing the TSGLI Claim Form are included in each section. When completing the form, the service member, guardian, or power of attorney ***must*** complete the service member's Social Security number on each page of the form. If you have questions about completing the form or if the member is deceased, please contact the branch of service TSGLI office listed on the front cover of this form.

Claim Decision and Payment

Who Makes the Decision on My Claim?
Your branch of service TSGLI office will make the decision on your claim based upon the information in Parts A and B of the TSGLI Claim Form. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.

Who Will Receive the TSGLI Payment?
Payment will be made directly to the member. If the member is incompetent, payment will be made under the appropriate letters of guardianship/conservatorship or a power of attorney to the guardian or power of attorney on the member's behalf. If the member dies after qualifying for payment, the payment will be made to the member's current listed SGLI beneficiary(ies). The member must survive for seven days (168 hours) from the date of the traumatic event to be eligible for TSGLI.

How the TSGLI Payment Will be Made
If your branch of service TSGLI office approves your claim, OSGLI will make the TSGLI benefit payment. There are three payment methods used for TSGLI benefits: Electronic Funds Transfer (EFT), Prudential's Alliance Account®*, or check.

1. **Electronic Funds Transfer (EFT)** - Your bank account will be electronically credited with the TSGLI payment

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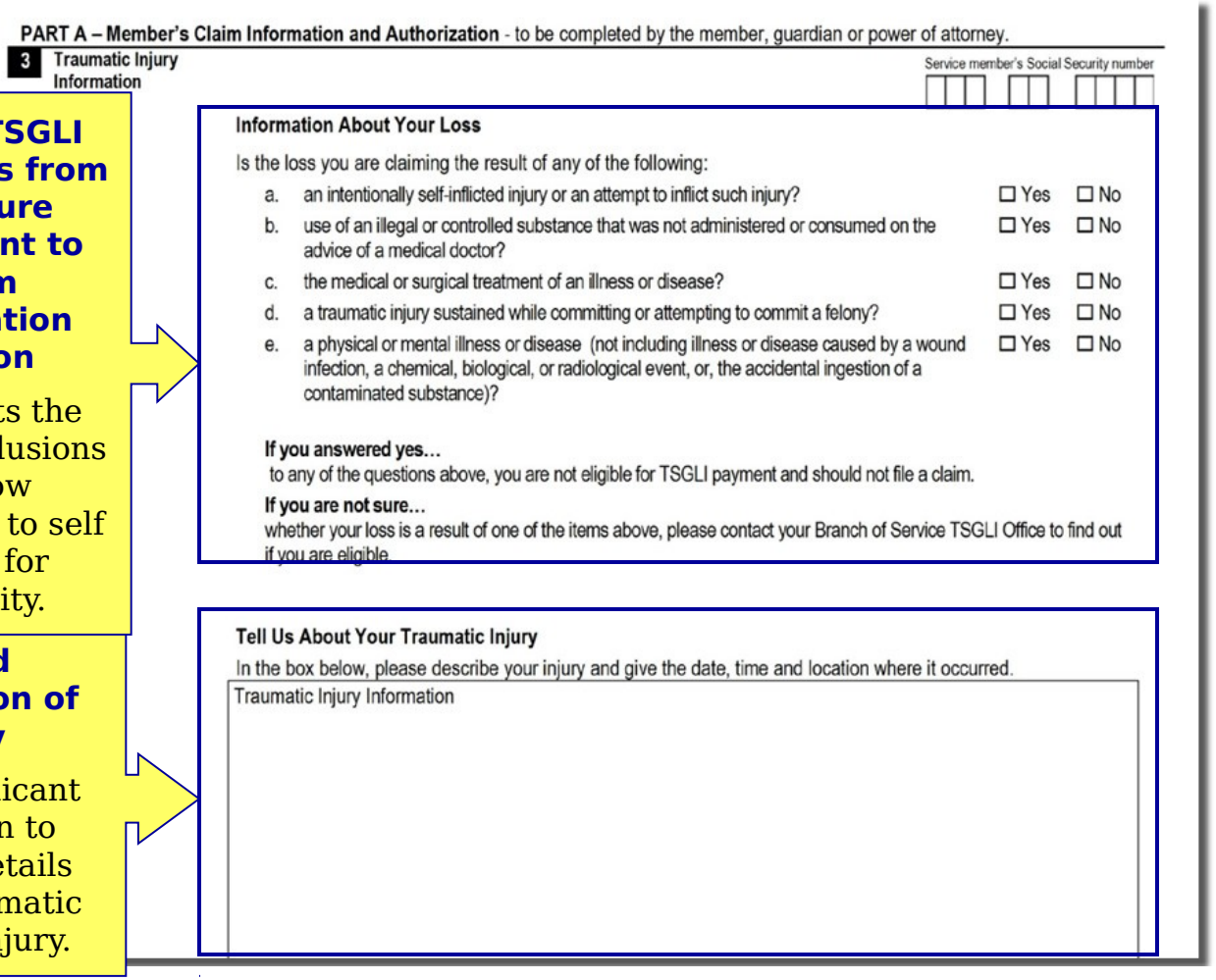
Claim Form – Part A

Moved TSGLI exclusions from signature statement to Claim Information Section

Highlights the TSGLI exclusions to allow applicants to self screen for eligibility.

Added Description of Injury

Allows applicant the option to provide details about traumatic event & injury.



PART A – Member's Claim Information and Authorization - to be completed by the member, guardian or power of attorney.

3 Traumatic Injury Information

Service member's Social Security number

Information About Your Loss

Is the loss you are claiming the result of any of the following:

a.	an intentionally self-inflicted injury or an attempt to inflict such injury?	☐ Yes	☐ No
b.	use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor?	☐ Yes	☐ No
c.	the medical or surgical treatment of an illness or disease?	☐ Yes	☐ No
d.	a traumatic injury sustained while committing or attempting to commit a felony?	☐ Yes	☐ No
e.	a physical or mental illness or disease (not including illness or disease caused by a wound infection, a chemical, biological, or radiological event, or, the accidental ingestion of a contaminated substance)?	☐ Yes	☐ No

If you answered yes…
to any of the questions above, you are not eligible for TSGLI payment and should not file a claim.

If you are not sure…
whether your loss is a result of one of the items above, please contact your Branch of Service TSGLI Office to find out if you are eligible.

Tell Us About Your Traumatic Injury

In the box below, please describe your injury and give the date, time and location where it occurred.

Traumatic Injury Information

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Claim Form – Part A

Expanded payment options section

Payment options now all on one page, added instructions for each option

PART A – Member's Claim Information and Authorization - to be completed by the member, guardian or power of attorney.

4 Payment Options
Please choose one of the three payment options by checking the appropriate box and filling in the requested information.

Please choose one of the three payment options below:

Service member's Social Security number

☐ **Payment Option 1 – Prudential's Alliance Account® (for member ONLY)**
To have the payment made through Prudential's Alliance Account®, fill in the mailing address below (street address only, no PO boxes.)

Service Member's Mailing Address for Payment | Apartment, Ward or Room (if any)

City | State | ZIP Code

Payment Option 1 Prudential's Alliance Account® An interest-bearing account will be established in the name of the member, who can access the money using the draft book ("checkbook").

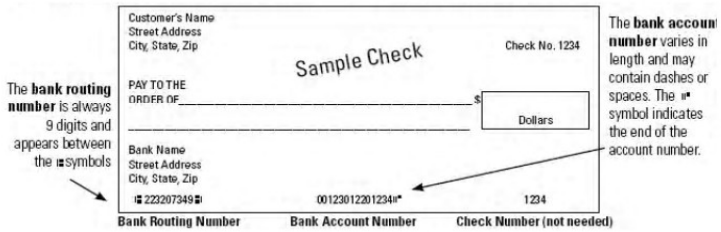
☐ **Payment Option 2 – Electronic Funds Transfer (EFT)**
To have the payment made by EFT, fill in your banking information below. A sample check is provided to help you locate the bank routing and bank account numbers. **Please print clearly.**

Bank Routing Number | Bank Account Number | ☐ Checking ☐ Savings

Bank Name | Bank Phone Number

First Name | MI | Last Name

Payment Option 2 – Electronic Funds Transfer - Payment will be made to the bank account indicated. This option can be selected by member or, if applicable, the guardian or power of attorney.



The **bank routing number** is always 9 digits and appears between the ⑈ symbols

The **bank account number** varies in length and may contain dashes or spaces. The ⑈ symbol indicates the end of the account number.

☐ **Payment Option 3 – Check (for guardian or power of attorney ONLY)**
To have the payment made by check, fill in the guardian or power of attorney mailing address below.

Guardian/Power of Attorney Mailing Address for Payment | Apartment (if any)

City | State | ZIP Code

Payment Option 3 – Check – A check will be issued to the guardian or power of attorney on behalf of the service member.

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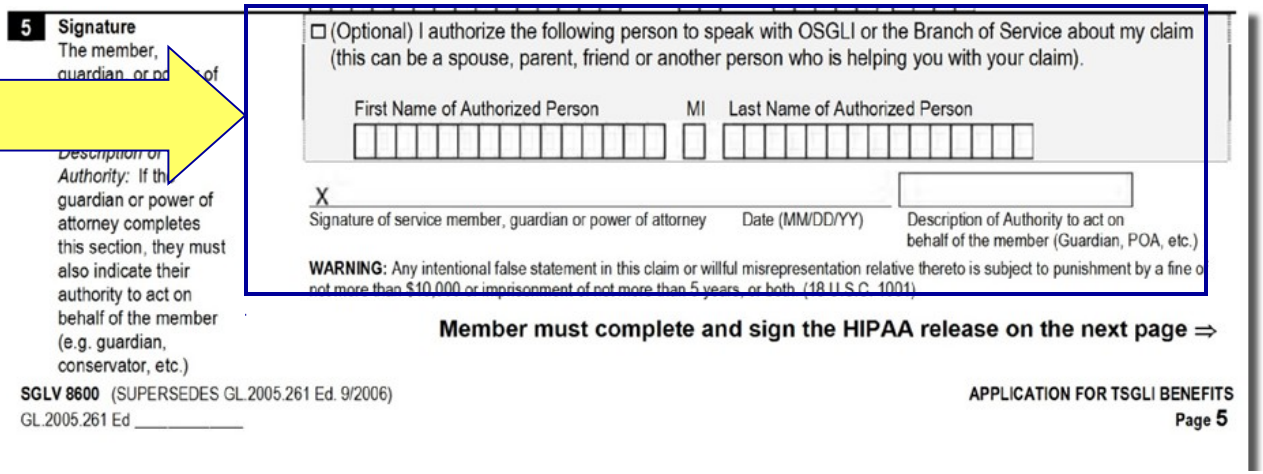
Claim Form - Part A

Eliminated "extra" signature

Claim signature and 3rd Party Authorization are now one section with a single signature.



5 **Signature**
The member, guardian, or po… of

Description of Authority: If th… guardian or power of attorney completes this section, they must also indicate their authority to act on behalf of the member (e.g. guardian, conservator, etc.)

☐ (Optional) I authorize the following person to speak with OSGLI or the Branch of Service about my claim (this can be a spouse, parent, friend or another person who is helping you with your claim).

First Name of Authorized Person | MI | Last Name of Authorized Person

X
Signature of service member, guardian or power of attorney | Date (MM/DD/YY) | Description of Authority to act on behalf of the member (Guardian, POA, etc.)

WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine o… not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Member must complete and sign the HIPAA release on the next page ⇒

SGLV 8600 (SUPERSEDES GL.2005.261 Ed. 9/2006)
GL.2005.261 Ed _____

APPLICATION FOR TSGLI BENEFITS
Page 5

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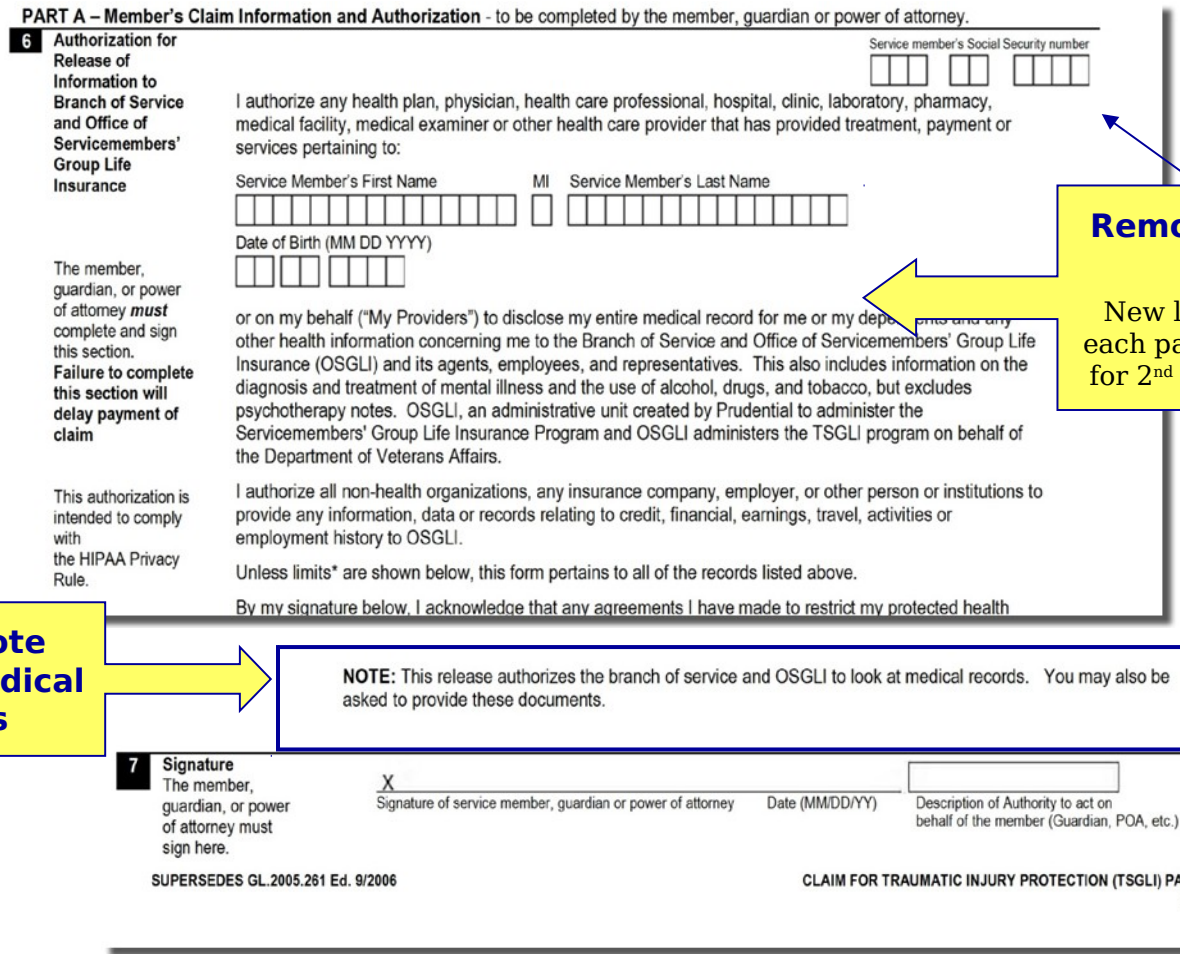
Claim Form - Part A



PART A – Member's Claim Information and Authorization - to be completed by the member, guardian or power of attorney.

6 Authorization for Release of Information to Branch of Service and Office of Servicemembers' Group Life Insurance

Service member's Social Security number

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, medical examiner or other health care provider that has provided treatment, payment or services pertaining to:

Service Member's First Name | MI | Service Member's Last Name

Date of Birth (MM DD YYYY)

The member, guardian, or power of attorney ***must*** complete and sign this section. **Failure to complete this section will delay payment of claim**

or on my behalf ("My Providers") to disclose my entire medical record for me or my dep[illegible] other health information concerning me to the Branch of Service and Office of Servicemembers' Group Life Insurance (OSGLI) and its agents, employees, and representatives. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. OSGLI, an administrative unit created by Prudential to administer the Servicemembers' Group Life Insurance Program and OSGLI administers the TSGLI program on behalf of the Department of Veterans Affairs.

This authorization is intended to comply with the HIPAA Privacy Rule.

I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data or records relating to credit, financial, earnings, travel, activities or employment history to OSGLI.

Unless limits* are shown below, this form pertains to all of the records listed above.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health

NOTE: This release authorizes the branch of service and OSGLI to look at medical records. You may also be asked to provide these documents.

7 Signature
The member, guardian, or power of attorney must sign here.

X
Signature of service member, guardian or power of attorney | Date (MM/DD/YY) | Description of Authority to act on behalf of the member (Guardian, POA, etc.)

SUPERSEDES GL.2005.261 Ed. 9/2006

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT
Page 6

Removed duplicate SSN

New location of SSN on each page eliminated need for 2nd SSN in this section

Simplified note concerning medical documents

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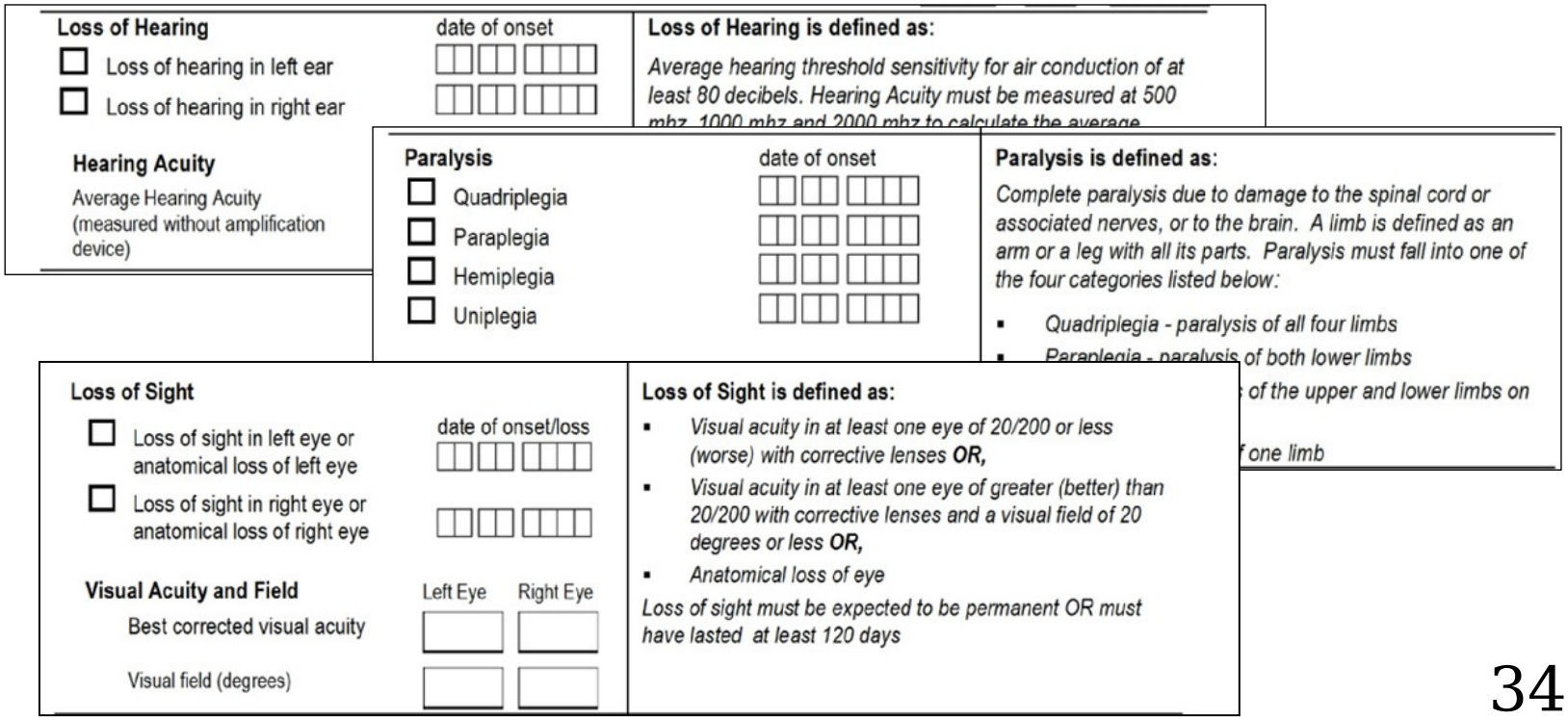
TSGLI HELPING HEROES IN TIMES OF NEED

Claim Form –Part B

- Now includes standard for each loss
- New format should help the medical professional complete the form more accurately



Loss of Hearing — date of onset

☐ Loss of hearing in left ear ☐☐☐☐☐☐

☐ Loss of hearing in right ear ☐☐☐☐☐☐

Hearing Acuity

Average Hearing Acuity (measured without amplification device)

Loss of Hearing is defined as:

Average hearing threshold sensitivity for air conduction of at least 80 decibels. Hearing Acuity must be measured at 500 mhz, 1000 mhz and 2000 mhz to calculate the average

Paralysis — date of onset

☐ Quadriplegia ☐☐☐☐☐☐

☐ Paraplegia ☐☐☐☐☐☐

☐ Hemiplegia ☐☐☐☐☐☐

☐ Uniplegia ☐☐☐☐☐☐

Paralysis is defined as:

Complete paralysis due to damage to the spinal cord or associated nerves, or to the brain. A limb is defined as an arm or a leg with all its parts. Paralysis must fall into one of the four categories listed below:

- *Quadriplegia - paralysis of all four limbs*
- *Paraplegia - paralysis of both lower limbs*

of the upper and lower limbs on

one limb

Loss of Sight — date of onset/loss

☐ Loss of sight in left eye or anatomical loss of left eye ☐☐☐☐☐☐

☐ Loss of sight in right eye or anatomical loss of right eye ☐☐☐☐☐☐

Visual Acuity and Field

	Left Eye	Right Eye
Best corrected visual acuity		
Visual field (degrees)		

Loss of Sight is defined as:

- *Visual acuity in at least one eye of 20/200 or less (worse) with corrective lenses **OR,***
- *Visual acuity in at least one eye of greater (better) than 20/200 with corrective lenses and a visual field of 20 degrees or less **OR,***
- *Anatomical loss of eye*

Loss of sight must be expected to be permanent OR must have lasted at least 120 days

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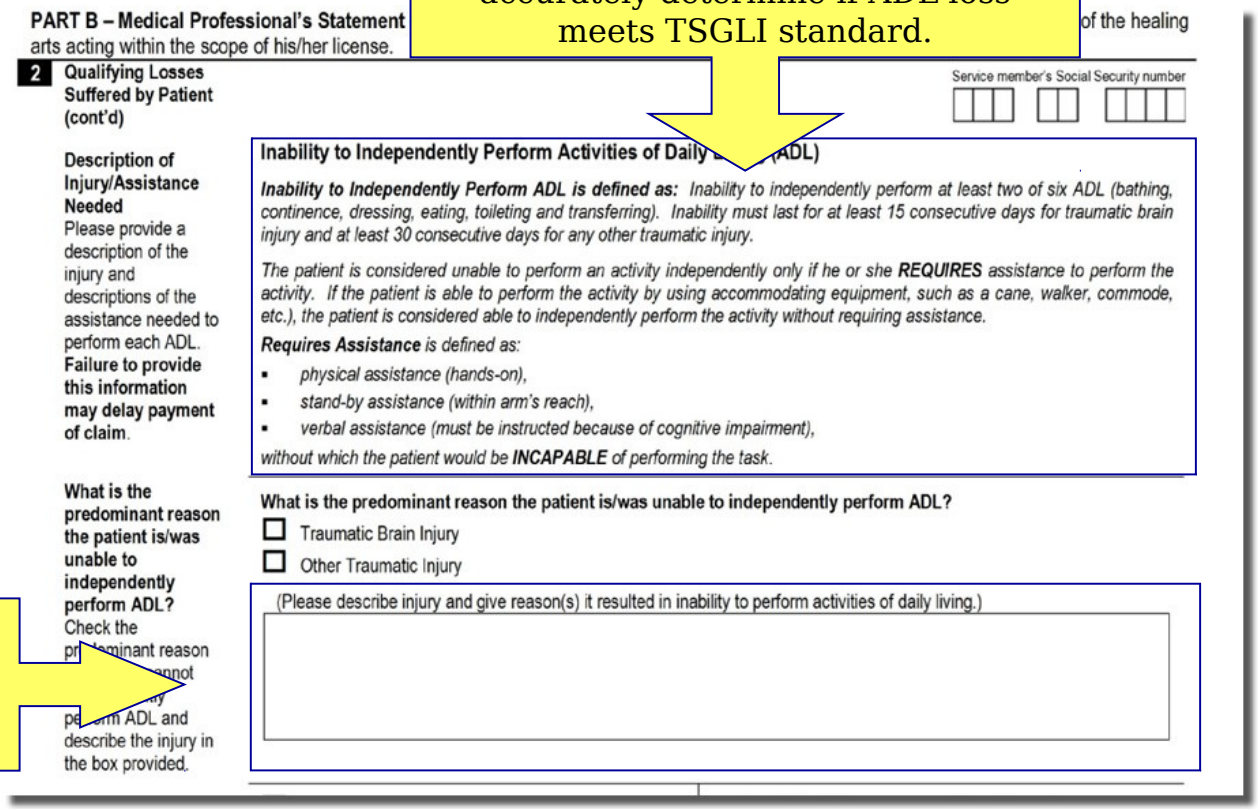
Claim Form – Part B

Expanded General Definition of Inability to Perform ADL

Allows medical professionals to more accurately determine if ADL loss meets TSGLI standard.



PART B – Medical Professional's Statement ... of the healing arts acting within the scope of his/her license.

2 Qualifying Losses Suffered by Patient (cont'd)

Service member's Social Security number

Description of Injury/Assistance Needed
Please provide a description of the injury and descriptions of the assistance needed to perform each ADL. **Failure to provide this information may delay payment of claim.**

Inability to Independently Perform Activities of Daily ... (ADL)

Inability to Independently Perform ADL is defined as: *Inability to independently perform at least two of six ADL (bathing, continence, dressing, eating, toileting and transferring). Inability must last for at least 15 consecutive days for traumatic brain injury and at least 30 consecutive days for any other traumatic injury.*

*The patient is considered unable to perform an activity independently only if he or she **REQUIRES** assistance to perform the activity. If the patient is able to perform the activity by using accommodating equipment, such as a cane, walker, commode, etc.), the patient is considered able to independently perform the activity without requiring assistance.*

***Requires Assistance** is defined as:*

- *physical assistance (hands-on),*
- *stand-by assistance (within arm's reach),*
- *verbal assistance (must be instructed because of cognitive impairment),*

*without which the patient would be **INCAPABLE** of performing the task.*

What is the predominant reason the patient is/was unable to independently perform ADL?
Check the pr...minant reason ...annot ... perform ADL and describe the injury in the box provided.

What is the predominant reason the patient is/was unable to independently perform ADL?

☐ Traumatic Brain Injury

☐ Other Traumatic Injury

(Please describe injury and give reason(s) it resulted in inability to perform activities of daily living.)

Description of injury and reason for loss of ADL

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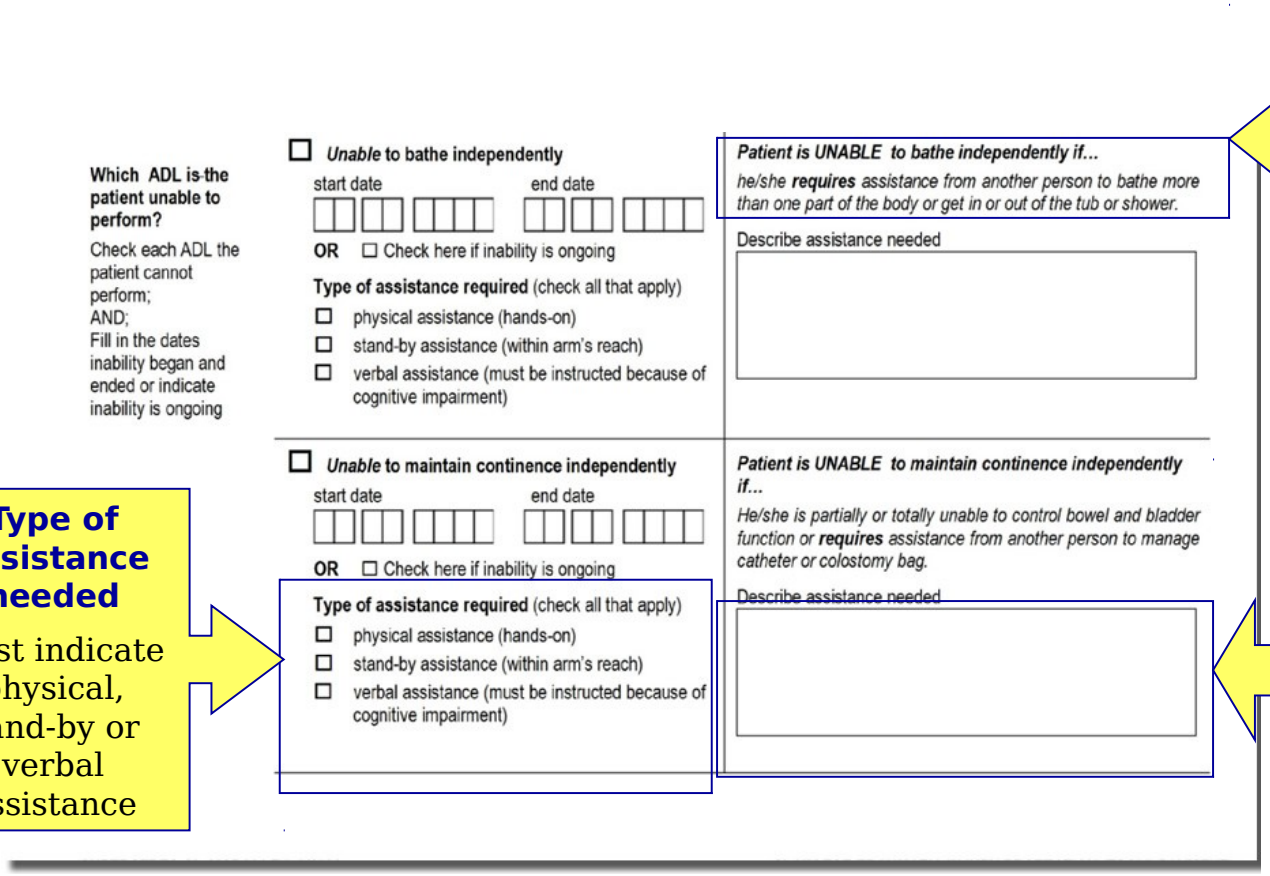
Claim Form – Part B


Which ADL is the patient unable to perform?
Check each ADL the patient cannot perform;
AND;
Fill in the dates inability began and ended or indicate inability is ongoing
Unable to bathe independently
start date
end date
OR Check here if inability is ongoing
Type of assistance required (check all that apply)
physical assistance (hands-on)
stand-by assistance (within arm's reach)
verbal assistance (must be instructed because of cognitive impairment)
Patient is UNABLE to bathe independently if...
he/she requires assistance from another person to bathe more than one part of the body or get in or out of the tub or shower.
Describe assistance needed
Unable to maintain continence independently
start date
end date
OR Check here if inability is ongoing
Type of assistance required (check all that apply)
physical assistance (hands-on)
stand-by assistance (within arm's reach)
verbal assistance (must be instructed because of cognitive impairment)
Patient is UNABLE to maintain continence independently if...
He/she is partially or totally unable to control bowel and bladder function or requires assistance from another person to manage catheter or colostomy bag.
Describe assistance needed

Definitions/Examples are provided for each ADL

Type of Assistance needed

Must indicate physical, stand-by or verbal assistance

Description of assistance needed

Requests specific description of assistance needed for each ADL

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Communicating The Changes

- Re-look effort to review previously denied claims and analyze them against the new losses
  - Includes any claim that was awarded less than the maximum of $100,000
- Submit press releases to local and national media regarding the expansion of benefit
- Conduct training for Soldier and Patient advocates around the world via teleconference
- Provide training on the website and ensure the updated claim forms and scheduled losses are available

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Open Discussion Notes